

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # J16879

1. Entity Name
W.P.C. INDUSTRIAL CONTRACTORS, INC.



Principal Place of Business
 11651 PHILLIPS HIGHWAY
 JACKSONVILLE, FL 32256-1641

Mailing Address
 11651 PHILLIPS HIGHWAY
 JACKSONVILLE, FL 32256-1641



03102006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2677402	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BELLOIT, JONATHAN
 11651 PHILLIPS HWY
 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME BELLOIT, JONATHAN
 STREET ADDRESS 11651 PHILLIPS HWY
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VP
 NAME STARR, PHILLIP
 STREET ADDRESS 11651 PHILLIPS HWY
 CITY-ST-ZIP JACKSONVILLE, FL

TITLE ST
 NAME GREENE, ROBERT E.
 STREET ADDRESS 11651 PHILLIPS HWY
 CITY-ST-ZIP JACKSONVILLE, FL

TITLE
 NAME
 STREET ADDRESS
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00000496956
 04/22/06-80034-011 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jonathan Belloit* **JONATHAN BELLOIT** 3/9/06 90/2680099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days/hrs Phone #